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| FEC<br>FORM 1  |                    | STATEMEN<br>ORGANIZA                |  |                  | Office Use Only      | PAGE 1/4 ——     |
|--|--------------------|-------------------------------------|--|------------------|----------------------|-----------------|
| 1. NAME OF COMMITTEE (in                                     | full)              | (Check if name is changed)          | Example:If typing, type over the lines.  | 12FE4M5          |                      |                 |
| Gregory for  |                    |                                     |  |                  |                      |                 |
|  |                    |                                     |  |                  |                      |                 |
|  |                    | PO Box 478                          |  |                  |                      |                 |
| ADDRESS (number and street)  【 (Check if address is changed) |                    |                                     |  |                  |                      |                 |
|  |                    | Amityville  CITY                    |  | NY<br>STATE ▲    | 11701<br>7IP         | -   CODE        |
| COMMITTEE'S E-MA   | AL ADDRES          |                                     |  | 01/1122          |                      | 0052 <b>2</b>   |
| (Check if a  |                    | info@duwaynegregory.                |  |                  |                      | 1               |
| is changed   | 1)                 | Optional Second E-Mail Add          | Iress  |                  |                      |                 |
| COMMITTEE'S WEB  (Check if a is changed                      | address            | DRESS (URL)  www.duwaynegregory.com |  |                  |                      |                 |
| 2. DATE 0  | M / D 19           | 2015                                |  |                  |                      |                 |
| 3. FEC IDENTIFIC   | CATION NU          | MBER ▶ C co                         | 00578260   |                  |                      |                 |
| 4. IS THIS STATEM  | MENT X             | NEW (N) OR                          | AMENDED (A)  |                  |                      |                 |
| I certify that I have e                                      | examined th        | is Statement and to the best        | of my knowledge and belief it  | is true, correct | and complete.        |                 |
| Type or Print Name   | of Treasurer       | Jeffrey Casale                      |  |                  |                      |                 |
| Signature of Treasure  | er <i>Jeffre</i> y | r Casale                            | [Electronically Filed]   | Date 05          | M / D D /            | 2015            |
| NOTE: Submission of  |                    |                                     | may subject the person signing t   |                  |                      | 2 U.S.C. §437g. |
| Office<br>Use<br>Only  |                    |                                     | For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 |                  | FEC FC<br>(Revised 0 |                 |